

In this regard, it is stated that the allocation provided for the Programme were utilized as per details given below:

Year	Budget Estimate	Revised Estimate	Expenditure (%)
1999-00	140.00	140.00	96.68
2000-01	145.00	180.00	100.00
2002-02	210.00	225.00	100.69
2002-03	225.00	242.00	99.23
2003-04	225.00	225.00	103.06
2004-05	259.00	426.00	99.11
2005-06	533.50	533.50	99.85

(c) and (d) The primary goal of the HIV/AIDS Control Programme is to halt and reverse the epidemic in India over the next 5 years by integrating programmes for prevention, treatment, care & support. Accordingly, focus will be on arresting transmission of the infection from the high risk group & bridge population, raise awareness for behaviour change, promote blood safety, widen access to testing and counseling services and treatment etc. The strategy of focusing on prevention is based on the success achieved in reducing the prevalence levels in some states such as Tamil Nadu. In addition to prevention, the strategy also seeks to provide access to a continuum of care, support and treatment. Under this, treatment for opportunistic infections, antiretroviral treatment etc. are proposed to be provided to patients suffering from AIDS.

AIDS Patients in Jharkhand

T341. SHRI AJAY MAROO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the total numbers of AIDS affected persons in Jharkhand;
- (b) the situation in Jharkhand in this regard in the national perspective; and

†Original notice of the question was received in Hindi.

and

(c) the steps being taken by Government to control this fatal disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) 258 cases of AIDS and 11 deaths due to AIDS have been reported by the State health authorities since 1993. During the same period, 160112 cases and 10187 deaths have been reported in the country.

(c) Government of India is implementing National AIDS Control Programme as a 100% centrally sponsored scheme. The main activities include targeted interventions among groups with high risk behaviour such as commercial sex workers, men having sex with men, injecting drug users, truckers and migrant labour; IEC & advocacy activities, condom promotion; and improving access to counselling and testing facilities and treatment of sexually transmitted diseases, opportunistic infections and anti retroviral therapy. Inter sectoral collaboration, involvement of the civil society and persons living with HIV& AIDS & mainstreaming activities are also promoted.

Primary Health Centres under NRHM

342. SHRI BHAGWATI SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the detailed guidelines for National Rural Health Mission and the parameters fixed for opening of Primary Health Centres;

(b) how many such health centres have been opened since the introduction of the scheme;

(c) whether Government would open a Primary Health Centre for the benefit of the people of village Nadu under Chirgaon Tehsil in Shimla District of Himachal Pradesh; and

(d) if so, by when?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI) : (a) and (b) The National Rural Health Mission (NRHM) 2005-2012, seeks to provide effective health care to rural population throughout the country with special focus